MARIAN FRANCISCAN CENTER - FDD 9632 WEST APPLETON AVENUE

Total Licensed Bed Capacity (12/31/00):

MI LWAUKEE 53225 Ownershi p: Non-Profit Church Related Phone: (414) 461-8850 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: **FDDs** Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 63 Title 18 (Medicare) Certified? No

63

Number of Residents on 12/31/00: 62

Average Daily Census:

62

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/00)	Length of Stay (12/31/00)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	9. 7
Supp. Home Care-Personal Care	No					1 - 4 Years	4. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	90. 3	More Than 4 Years	85. 5
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	6. 5		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	3. 2		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	0.0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	9. 7		
Transportation	No	Cerebrovascul ar	0. 0			RNs	8. 1
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	7. 9
Other Services	No	Respi ratory	0.0			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	0. 0	Male	40. 3	Aides & Orderlies	41. 3
Mentally Ill	No			Female	59. 7		
Provi de Day Programmi ng for			100. 0			İ	
Developmentally Disabled	Yes				100. 0		
		No also also also also also also also als				· • • • • • • • • • • • • • • • • • • •	

Method of Reimbursement

		Medi c	are		Medi c	ai d											
		(Title	18)	((Ti tl e	19)		0th	er	Pri	vate	Pay	1	Manage	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	n]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0%
	-			-			-			-			_				
Skilled Care	0	0. 0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0. 0	\$0. 00	0	0.0%
Intermediate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Dev. Di sabl ed				62 1	100. 0	\$147.89	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	62	100.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		62 1	100. 0		0	0.0		0	0.0		0	0.0		62	100.0%

MARIAN FRANCISCAN CENTER - FDD

**********	*****	*******	*******	******	*******	*************	*******
Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	ions, Services, an	d Activities as of 12	/31/00
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	ssistance of	% Totally	Number of
Private Home/No Home Health	53.8	Daily Living (ADL)	Independent	0ne	or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	1.6		48. 4	50. 0	62
Other Nursing Homes	23. 1	Dressi ng	16. 1		32. 3	51. 6	62
Acute Care Hospitals	23. 1	Transferring	21.0		37. 1	41. 9	62
Psych. HospMR/DD Facilities	0.0	Toilet Use	17. 7		40. 3	41. 9	62
Rehabilitation Hospitals	0.0	Eating	51.6		4. 8	43. 5	62
Other Locations	0.0	***********	**********	*****	*******	*******	*********
Total Number of Admissions	13	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	1.6	Receiving Resp	iratory Care	0. 0
Private Home/No Home Health	0.0	Occ/Freq. Incontine	nt of Bladder	67. 7	Receiving Trac	heostomy Care	0. 0
Private Home/With Home Health	33. 3	Occ/Freq. Incontine	nt of Bowel	61. 3	Receiving Suct	i oni ng	0. 0
Other Nursing Homes	0.0	_			Receiving Osto	omy Care	1. 6
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	14. 5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0. 0	Receiving Mech	anically Altered Diets	s 58. 1
Rehabilitation Hospitals	0.0	l				•	
Other Locations	41.7	Skin Care			Other Resident C	haracteri sti cs	
Deaths	25. 0	With Pressure Sores		6. 5	Have Advance I	i recti ves	4. 8
Total Number of Discharges		With Rashes		0. 0	Medi cations		
(Including Deaths)	12				Receiving Psyc	hoactive Drugs	48. 4
**********	*****	**********	**********	******	*******	*********	******

Page 2

	Thi s]	FDD	Al l		
	Facility	Fac	cilities	Fac	ilties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	98. 4	85. 5	1. 15	84. 5	1. 16	
Current Residents from In-County	79. 0	42. 1	1. 88	77. 5	1. 02	
Admissions from In-County, Still Residing	46. 2	19. 5	2. 37	21. 5	2. 15	
Admissions/Average Daily Census	21. 0	16. 4	1. 28	124. 3	0. 17	
Discharges/Average Daily Census	19. 4	19. 2	1.01	126. 1	0. 15	
Discharges To Private Residence/Average Daily Census	6. 5	9. 2	0. 70	49. 9	0. 13	
Residents Receiving Skilled Care	0. 0	0. 0	0.00	83. 3	0.00	
Residents Aged 65 and Older	9. 7	16. 2	0. 60	87. 7	0. 11	
Title 19 (Medicaid) Funded Residents	100. 0	99. 5	1. 01	69. 0	1. 45	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 6	0. 00	
Developmentally Disabled Residents	100. 0	99. 3	1.01	7. 6	13. 09	
Mentally Ill Residents	0. 0	0. 5	0.00	33. 3	0. 00	
General Medical Service Residents	0.0	0. 2	0.00	18. 4	0.00	
Impaired ADL (Mean)*	62. 6	50. 8	1. 23	49. 4	1. 27	
Psychological Problems	48. 4	45. 9	1. 05	50. 1	0. 97	
Nursing Care Required (Mean)*	10. 1	11. 0	0. 92	7. 2	1. 41	